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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUL 24 AM 10:56

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004933

1. Corporation Name
PROUDFOOT REPORTS INCORPORATED

2. Principal Office Address		3. Mailing Office Address	
58 South Service Road		58 South Service Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 210		Suite 210	
City & State		City & State	
Melville, New York		Melville, New York	
Zip	Country	Zip	Country
11747	USA	11747	USA

B. Mitchell CR2E081 (8/05) JUL 24 2006

4. Date Incorporated or Qualified To Do Business in Florida 9/19/01

5. FEI Number 133374105 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Laura R. Dunlap Laura R. Dunlap as its agent Date 7/24/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Bart Valdez	100 Carillon Parkway	St. Petersburg, FL 33716
EVP/T	Timothy Lima	100 Carillon Parkway	St. Petersburg, FL 33716
SVP/S	Ken J. Chin	100 Carillon Parkway	St. Petersburg, FL 33716
D	John W. Long	One Progress Plaza, Suite 2400	St. Petersburg, FL 33701
D	John C. Lamson	One Progress Plaza, Suite 2400	St. Petersburg, FL 33701
D	~~John W. Long~~ Julie A. Waters	One Progress Plaza, Suite 2400	St. Petersburg, FL 33701

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Julie A. Waters Julie A. Waters Director July 14, 2006 727-214-3411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B. Mitchell JUL 24 2006

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

PROUDFOOT REPORTS INCORPORATED

Certificate of Status	0
Certified Copy	0
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Amanda Haddan Ext 2953

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